Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 12770

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms) ENGIE

Address BIRCHEN AB APARTMENTS
72 WESTBOURNE ROAD
SHEFFIELD

Postcode S10 2QT

Tel No

Contract Number

SERVICE CENTRE

Address

Postcode

Tel No

Indicate work undertaken	Tightness test	✓ Strength test
Scope of works PPM	Job No	

Test Instrument	
Type (water/elec etc)	ELECTRONIC
Serial No if applicable	

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		N/A
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		N/A
Pressure bypass installed if applicable (Yes/No/NA)		N/A
Gas meter volume (m^3)		N/A
Installation volume pipework and fittings (m^3)		0.021 BI96
Installation volume total (m^3)		0.021 BI96
Test medium - fuel gas, air		FUEL
Tightness test pressure (TTP) mbar/bar		21.0
Gauge GHM		0.5
Pressure gauge type (water, high SG, electronic etc)		ELEC
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		N/A
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (mbar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation & Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date 30/09/2025

Print Name [redacted]

Responsible Person's Signature

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Engineer [redacted]

Gas Safe Card No. [redacted]

Engie Office Address
14 GRIFFE AVE
SHEFFIELD
S10 3GA

Contract Number 4 of 5
Customer Name ENGIE
Site Address 3, BIRCHEN AB APARTMENTS
SHEFFIELD S10 2QT
Postcode
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

Gas Safe Register 12770
Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details					
			Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	BIRCHEN A-B PLANT ROOM	CHB N°1	WB3A 60kW	7176779	VIESSMANN	RS
2	YES	SERVICE		CHB N°2	WB3A 60kW	7176779	VIESSMANN	RS
3	YES	SERVICE		WTR HTR N°1	CWH 90/200	071184	ANDREWS	RS
4	YES	SERVICE		WTR HTR N°2	CWH 90/200	071184	ANDREWS	RS

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	N/A	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate inlet m³/h	Actual N/A	Required (Calculated)	NONE
High level free area cm² or ventilation flow rate extract m³/h	Actual N/A	Required (Calculated)	NONE
All ventilation grills clear and unobstructed (Yes/No) N/A	Fans and/or flue interlocks operating correctly (Yes/No/NA)		N/A

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low		App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	N/A	N/A	N/A	N/A	Gas burner pressure (mbar) or heat input kW/h required	60	60	30	30	Carbon Dioxide (CO_2) (%)	9.04	9.32	8.95	8.91
Spillage test satisfactory (Yes/No/NA)	N/A	N/A	N/A	N/A	Gas burner pressure (mbar) or heat input kW/h measured	20.2	21.0	20.5	20.5	Excess Air (%)	N/A	N/A	N/A	N/A
Air/Gas switch operating correctly (Yes/No/NA)	YES	YES	N/A	N/A	Gas rating measured (kW/h / NA)	N/A	N/A	N/A	N/A	CO/CO_2 Ratio	0.0004	0.0002	0.00 OK	0.00 OK
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES	Air/gas ratio control setting (%/NA)	N/A	N/A	N/A	N/A	Gross Efficiency (%)	88.6	88.8	88.1	88.4
Burner lock out time (seconds)	151	149	61	62	Net flue gas temperature (gross less ambient) (°C)	53.0	49.0	53.1	50.1	CO flue dilution (ppm)	N/A	N/A	N/A	N/A
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES	Oxygen (O_2 %)	5.0	4.6	5.2	5.3	Standing pressure (mbar)	23.2	23.2	23.2	23.2
Heat net input rating data (kW)	60	60	30	30	Carbon Monoxide (CO)(ppm)	37	17	51	49	Working pressure (mbar)	20.2	21.0	20.5	20.5
										Is appliance safe for use (Yes/No)	YES	YES	YES	YES
										Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
										Test Instrument	TESTO 327/1			
										Test Instrument serial number	02596772			

Worksheet No (If used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date 29TH OCTOBER 2020

Signature [redacted]

White - Customer, Blue - Service Centre, Pink - Site, Green - Engineer

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Engineer [redacted]

Gas Safe C[redacted]

Engie Office Address
14 ENDCLIFFE AVE
SHEFFIELD
S10 3EA

Contract Number 4 of 5
Customer Name ENGIE
Site Address BIRCHEN AB APARTMENTS
SHEFFIELD S10 2QT
Postcode
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

GAS safe REGISTER
12770
Enter Company Registration Number

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	BIRCHEN A-B	WTR HTR N°3	CWH90/200	071184	ANDREWS	RS
2	N/A	N/A		N/A	N/A	N/A	N/A	N/A
3	N/A	N/A		N/A	N/A	N/A	N/A	N/A
4	N/A	N/A		N/A	N/A	N/A	N/A	N/A

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	N/A	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fall to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate inlet m³/h	Actual N/A	Required (Calculated)	None
High level free area cm² or ventilation flow rate extract m³/h	Actual N/A	Required (Calculated)	None
All ventilation grills clear and unobstructed (Yes/No) N/A	Fans and/or flue interlocks operating correctly (Yes/No/NA)		N/A

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	N/A	N/A	N/A	N/A
Spillage test satisfactory (Yes/No/NA)	N/A	N/A	N/A	N/A
Air/Gas switch operating correctly (Yes/No/NA)	N/A	N/A	N/A	N/A
Flame proving devices operating correctly (Yes/No/NA)	YES	N/A	N/A	N/A
Burner lock out time (seconds)	67	N/A	N/A	N/A
Temperature and limit thermostats operating correctly (Yes/No)	YES	N/A	N/A	N/A
Heat net input rating data (kW)	60	N/A	N/A	N/A

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Gas burner pressure (mbar) or heat input kW/h recuired	30	N/A	N/A	N/A
Gas burner pressure (mbar) or heat input kW/h measured	21.6	N/A	N/A	N/A
Gas rating measured (kW/h / NA)	N/A	N/A	N/A	N/A
Air/gas ratio control setting (%/NA)	N/A	N/A	N/A	N/A
Net flue gas temperature (gross less ambient) (°C)	49.5	N/A	N/A	N/A
Oxygen (O_2 %)	5.7	N/A	N/A	N/A
Carbon Monoxide (CO)(ppm)	48	N/A	N/A	N/A

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Carbon Dioxide (CO_2) (%)	8.65	N/A	N/A	N/A
Excess Air (%)	N/A	N/A	N/A	N/A
CO/CO_2 Ratio	0.00	N/A	N/A	N/A
Gross Efficiency (%)	88.6	N/A	N/A	N/A
CO flue dilution (ppm)	N/A	N/A	N/A	N/A
Standing pressure (mbar)	23.2	N/A	N/A	N/A
Working pressure (mbar)	21.6	N/A	N/A	N/A
Is appliance safe for use (Yes/No)	YES	N/A	N/A	N/A
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	No			
Test Instrument	TESTO 327/1			
Test Instrument serial number	02596772			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date 20 OCTOBER 2020

Signature [redacted]

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer